PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of We	st Ranch High School :
has m	y permission to participate in the field trip to
(Student's Name)	y permission to purviolpute in the neta trip to
Purpose of Trip:	
Date: Departure Time Supervisor(s) of trip	_AM/PM Return TimeAM/PM
LUNCH ARRANGEMENTS:	METHOD OF TRANSPORTATION:
Student will be at school	Walking School Bus/Charter Bus
during lunch.	Private Auto
Student should bring sack	
lunch or money	Driver's Name (Please Print)
Other:	Other:
Other Information:	
	states in part: eemed to have waived all claims against the district of the State death occurring during or by reason of the field trip or
I give my permission for my student to attend this directions and instructions of the school district p (Parent's/Guardian's Signature)	s trip. I agree to direct my student to be cooperative with dersonnel in charge of the activity. Date
(Tatent s/Quardian's Signature)	Date
AUTHORIZATION FOR MEDICAL CARE	G. L. A. M
Should it be necessary for my child to have	Student's Name Date of Birth
medical care while participating in this trip, I	
hereby give the School District personnel permission to use their judgment in obtaining medical care and ambulance service for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.	Home Address
	Home Telephone Number
	Parent/Guardian Name (Please Print)
	Business Telephone Number – Parent/Guardian
	Emergency Telephone Number
	Authorization (Signature) of Parent/Guardian
	Date
Instructions for special medical treatment:	